

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G88342

1. Entity Name

LEWIS & KLANCKE CARDIOLOGY, P.A.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90182 032 ***150.00

Principal Place of Business

Mailing Address

695 NORTH CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114

695 NORTH CLYDE MORRIS BLVD
DAYTONA BEACH FL 32114-2321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2385440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32014

Name

Vance E. Wilson MD

Street Address (P.O. Box Number is Not Acceptable)

695 N. Clyde Morris Blvd.

City

Daytona Beach

FL

Zip Code

32114

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Vance E. Wilson MD VANCE E WILSON 4/14/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☒ Delete
NAME	LEWIS, ROGER K., M.D.	
STREET ADDRESS	695 N. CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	☐ Delete
NAME	KLANCKE, KIM, M.D.	
STREET ADDRESS	695 N. CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	☐ Delete
NAME	WILSON, VANCE E.	
STREET ADDRESS	695 N CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	☐ Change ☒ Addition
NAME	RAYOS, GLENN H	
STREET ADDRESS	695 N CLYDE MORRIS BLVD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

Vance E. Wilson MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

904-258-8722

Daytime Phone #

CR2E034 (9/99)